

Health Care Access for Young Children

Summary of Statistics: Why Eligible Children Aren't Enrolled or Don't Maintain Enrollment in Existing Programs

Why Eligible Children Aren't Enrolled

- Most parents of children who are eligible for Medi-Cal but not enrolled reported that the reason was either that they didn't know about the program or they thought their income was too high. For the Healthy Families program, most parents reported that they didn't know about the program. (UCLA)
- Some parents want to avoid the perceived "welfare" stigma of participating in a publicly funded health insurance program. (UCLA)
- Some Latino parents fear that participation will adversely impact their immigration status or lead to deportation. (UCLA)
- Monthly premiums, even when low, can be a barrier for families with limited resources or who are faced with unexpected hardships.
- The enrollment process and amount of paperwork required can discourage families from participating. In addition, the backup documentation required isn't always readily obtainable, particularly for immigrant families.

Why Some Eligible Children Don't Maintain Enrollment

- 35.8% of uninsured children in California had coverage at some point in the previous year but lost it. (UCLA)
- Renewals are more complex than they need to be. (CP)
- Periods of financial hardship can make it difficult for families to keep up with even modest monthly premium payments. (CP)
- Some families are "split" and have some children enrolled in Healthy Families and others in Medi-Cal. Navigating two different systems with different renewal processes can be challenging and cumbersome. (CP)
- Both programs rely on written, mailed communications. Some children may lose coverage because their parents did not receive or understand the notices. (CP)
- Families who don't actually utilize health services after enrolling may be less likely to maintain their children's enrollment. (CP)

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Summary of Statistics: Why Health Care Coverage and Utilization are Important

Coverage and Utilization Statistics (data are for children under 6 unless otherwise noted)

- According to data from the 2001 California Health Interview Survey, it is estimated that 10.2% of San Diego's young children are uninsured. Since there are 242,240 children under six, the number of uninsured is approximately 24,708. If you include the children who experienced a health insurance gap in the past year the percentage increases to 14.6% (35,367). (CHIS) These estimates are probably low since health insurance costs and unemployment have risen since these data were collected in 2001. Many employers have increased employee share of costs or have dropped coverage completely making it more difficult for families to afford health insurance.
- **Most of these children should not lack coverage.** In California, 78% of uninsured children under six are eligible for Medi-Cal or Healthy Families (In San Diego this equates to 19,272 of the 24,708 uninsured children). *The other 22% are evenly split between the undocumented and those with incomes too high to qualify.* (UCLA)
- The majority of children in California, who are eligible for Medi-Cal and Healthy Families but not enrolled, are Latino (73% of those eligible for Medi-Cal and 67% of those eligible for HF). (UCLA)
- In California, nearly 20% of young rural children have a gap in coverage during the year with gaps also more frequent among low income and Latino children.
- Approximately 42% of children ages 2-5 in California have never seen a dentist. In San Diego the percentage is approximately 45%. However, enrollment in private or public insurance doesn't ensure utilization. Although about 72% of young children in San Diego have dental insurance, initiation of dental care is low even for insured children. (UCLA)
- In California, only 59% of Latino children are reported to be in excellent or very good health by their parents. In contrast, 89% of non-Latino white children, 77% of African-American and 76% of Asian/Pacific Islander children are reported to be in excellent or very good health. The rate for uninsured children is 55%. (UCLA)
- Children in urban and rural areas have poorer health status than children in the suburbs. Only about 70% of children in urban cities and 63% of children in rural areas have excellent/very good health status compared to 83% of children in suburban areas. (UCLA)

Why Continuous Coverage and Utilization are Important

- Young children who are eligible for Medi-Cal or Healthy Families but not enrolled have more delayed or missed care than enrolled children. (UCLA)
- 7.6% of uninsured children have not had a physician visit in the past 12 months compared to 1.9% of children with Medi-Cal and 2.2% of children with employment-based insurance. (UCLA)
- Health care coverage and utilization are important to ensure that children receive regular well-child check ups and timely immunizations as well as treatment for acute illnesses and chronic conditions such as asthma (UCLA)

- As children enter school, it's been found that a lack of coverage is associated with a higher number of missed school days, which can impact a child's school success. **(UCLA)**. One could expect similar issues among preschool children.
- Regular medical care for young children can lead to early detection of problems and reduce the need for later, costlier interventions. Unfortunately children with gaps in coverage or no coverage are more likely to have delayed treatment or no care. Common childhood conditions such as ear infections and anemia can be readily detected, but without suitable care, these conditions can affect a child's language development, long-term performance in school and ultimate success in life **(IOM)**.
- Uninsured children are less likely to receive periodic assessments of development and behavior and parents of uninsured children are less likely to receive counseling about psychosocial issues. **(UCLA)**
- Uninsured children are more likely than children in Medi-Cal or Healthy Families to lack a usual source of medical care (14.4% vs. 1.9% and 2.5% respectively). **(UCLA)**
- Retention of coverage assures an ongoing relationship with a provider, which is important for health care continuity, quality of care, patient adherence to medical advice, and management of chronic conditions. **(UCLA)**
- Retention of coverage is also important because re-enrollment of families wastes staff time and resources that could be used more effectively. **(UCLA)**
- California's health care system suffers because the state is not receiving all of the federal matching dollars that would be available if more children were enrolled in public insurance programs. **(UCLA)** California did not utilize over \$700 million available to the State in federal SCHIP dollars that could have been used to serve children through Healthy Families.
- If an uninsured child has a major medical problem or crisis the resulting financial and emotional strain on the family can have a significant impact on the well-being of the entire family **(IOM)** In a study of newly enrolled children, 74% of parents reported being worried, scared and stressed when their children were uninsured **(Packard)**
- When a family cannot pay its medical bills the burden falls on the health care provider and the community. **(IOM)**
- Uninsured pregnant women are more likely to have poor outcomes in pregnancy and delivery than insured women, including a greater likelihood of maternal complications, infant death and low birth weight. **(IOM)**
- A Healthy Families survey mailed to parents of children over age two found that one year after enrolling: the percent of families forgoing necessary medical care dropped by 10%; the number of families reporting difficulties in getting medical care decreased by 6%; and the number of children who had a personal physician increased by 9%. **(Packard)**
- This same study found that using the Pediatric Quality of Life Inventory, the scores of children in the lowest quartile of health improved by 25%. Among these children two components of school functioning also increased by 68% -- paying attention in class and keeping up with school activities. **(Packard)**

- Health care coverage alone is not likely to result in measurable changes in children's health status. Other barriers can impact whether children actually receive services such as parental knowledge about the importance of health services, cultural attitudes and beliefs, accessibility of services, and competing demands for time and resources. **(Packard)** Therefore addressing utilization is also important to child health outcomes.

Fact Sheets Bibliography

(CP) - *Children Falling Through the Health Insurance Cracks: Early Observations and Promising Strategies for Keeping Low-Income Children Covered by Medi-Cal and Healthy Families*. Prepared by the Children's Partnership and Children Now; Supported by the California Endowment

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